

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 1 8

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

11-01-03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(r)(2) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ -0-b. FFY 2005 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 01-01-03, TN#03-02

10. SUBJECT OF AMENDMENT:

Revision to the maintenance of effort with regard to \$1.00 decrease in State Supplement
to SSI recipients.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

November 6, 2003

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Jim Hancock
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12 NOVEMBER 2003

18. DATE APPROVED:

9 DECEMBER 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 NOVEMBER 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged		X	Does not exceed 300% of SSI FBR		\$602.00	\$929.00	SSI
Blind		X	Does Not exceed 300% of SSI FBR		\$602.00	\$929.00	SSI
Disabled		X	Does not exceed 300% of SSI FBR		\$602.00	\$929.00	SSI

STATE <u>OKlahoma</u>	A
DATE RECD <u>11-12-03</u>	
DATE APPLD <u>12-9-03</u>	
DATE EFF <u>11-1-03</u>	
HCFR 179 <u>03-18</u>	

SUPERSEDES: TN- 03-02

Revised 11-01-03

 TN# 03-18
 Supersedes
 TN# 03-02
Approval Date 12-9-03Effective Date 11-1-03